

DOCUMENT RESUME

ED 054 507

CG 006 644

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TITLE Some Viable Service Delivery Approaches in Rural Rehabilitation.
INSTITUTION University of Northern Colorado, Greeley. Regional Rehabilitation Research Inst.
SPONS AGENCY Social and Rehabilitation Service (DHEW), Washington, D.C.
PUB DATE Apr 71
NOTE 9p.; Paper presented at American Personnel and Guidance Association Annual Conference, Atlantic City, N. J., April 4-8, 1971
EDRS PRICE MF-\$0.65 HC-\$3.29
DESCRIPTORS Community Resources; Interagency Cooperation; *Rehabilitation; *Rehabilitation Counseling; *Rehabilitation Programs; Rural Population; Service Occupations; Staff Utilization; *Systems Approach; *Vocational Rehabilitation

ABSTRACT

Rehabilitation as a delivery system emphasizes a planned sequence of services which are usually purchased by the State Agency counselor from rehabilitation resources. Examples of these resources are physicians, hospitals, clinics, rehabilitation centers, workshops, and educational programs. Most viable approaches to rural rehabilitation service delivery are limited by the assumption that the rehabilitation program is dependent upon the availability of traditional resources and employment outcome. The current trend in social service toward viewing people as total individuals with "total life" functioning and delivery systems from a total systemic view offers future clients hope for "total rehabilitation" as an outcome. For example, some agencies presently attempt to overcome the resource and distance obstacles through a greater emphasis on inter-agency coordination, alternate staffing patterns, and greater utilization of client and non-traditional community resources than is generally found in urban service delivery. These 3 emphases are discussed in more detail. (Author/TA)

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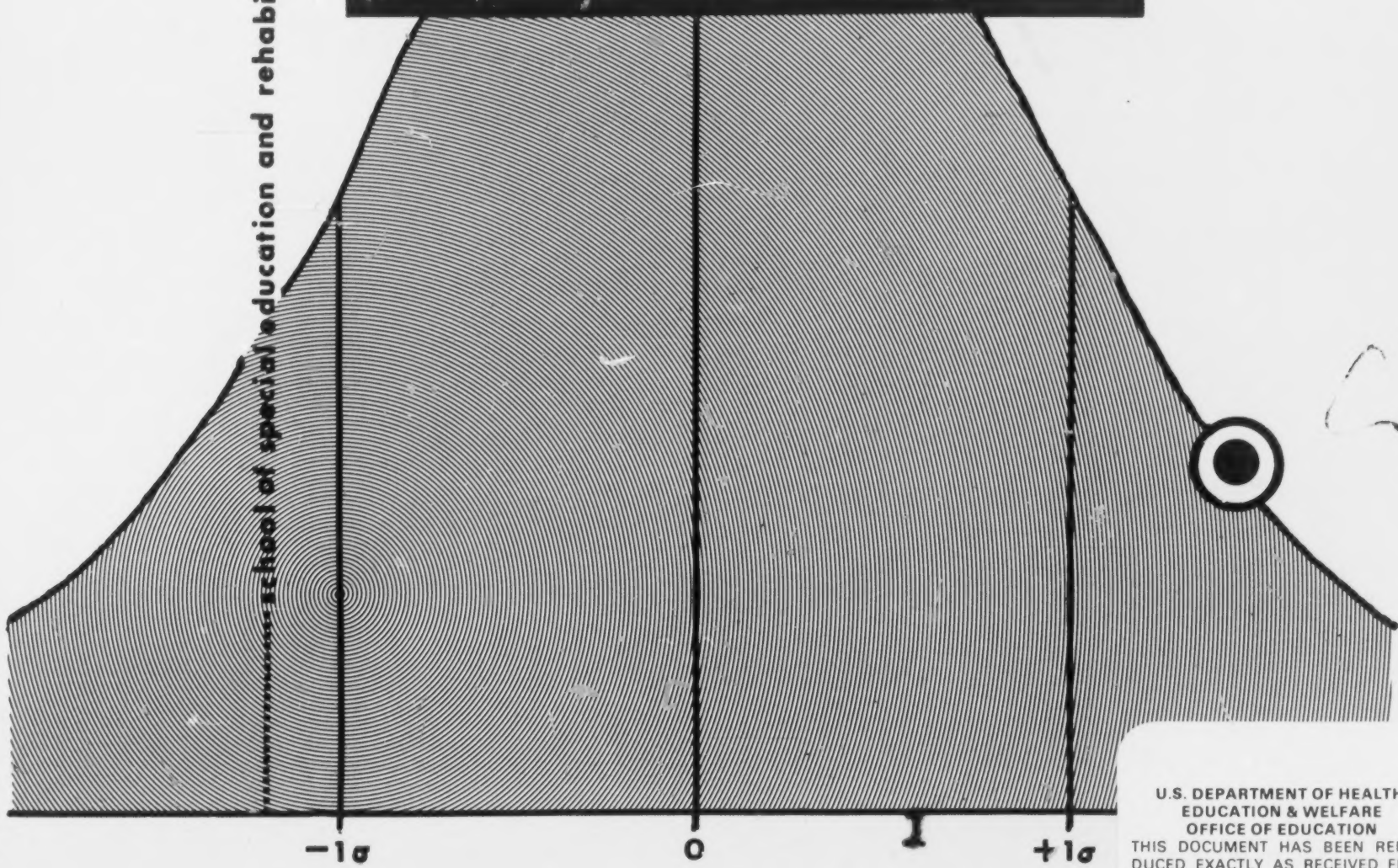
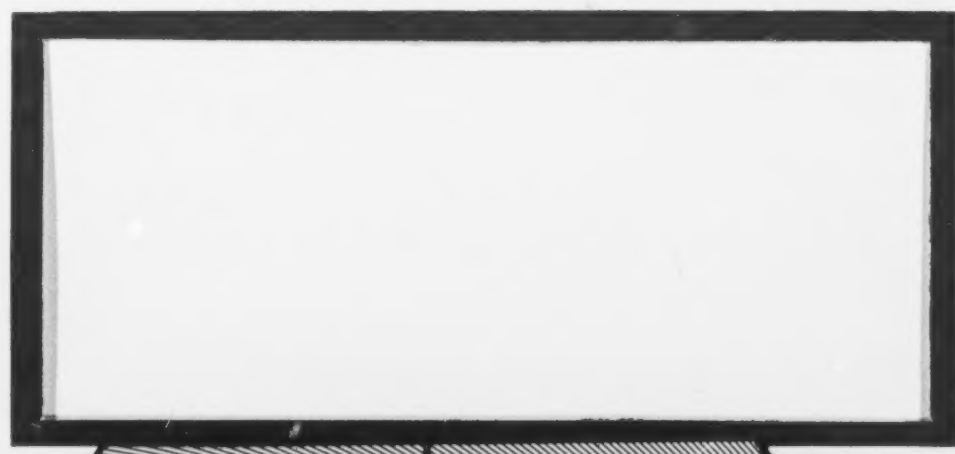


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SOME VIABLE SERVICE DELIVERY APPROACHES
IN RURAL REHABILITATION

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This paper was presented at the American Personnel and Guidance Association Annual Conference held in Atlantic City, April, 1971. It was supported, in part, by Research Grant Number 12-P-55254/8-01 from the Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C. 20201.

Report No. 1

Rehabilitation as a delivery system emphasizes a planned sequence of services which are usually purchased by the State Agency counselor from rehabilitation resources. Examples of these resources are physicians, hospitals, clinics, rehabilitation centers, workshops, and educational programs. There have been research and demonstration projects undertaken to provide, and determine the effect of, traditional rehabilitation service availability in rural areas (e.g., Northern Montana College, 1966; Saranac Lake Rehabilitation Guild, 1961). Perhaps the most ambitious was the Wood County Project (Wisconsin Division of Vocational Rehabilitation, 1969). The Wood County Project sought to utilize traditional techniques by expanding the availability of resources and examining the impact of saturation coverage in a rural area. The results indicated that rural clients, including the disadvantaged, could be effectively served using the traditional rehabilitation model. A similar project, located in the Appalachia region of Eastern Kentucky, was conducted to provide comprehensive rehabilitation services to the disabled in a rural economically poor area. The results of this demonstration project also suggested that physical restoration and related services were helpful to the rural disadvantaged. The project staff found, however, that "vocational" rehabilitation was difficult to realize due to the unavailability of jobs in Eastern Kentucky (Kentucky Bureau of Rehabilitation Services, 1969).

Though the traditional approach has many merits including its sequential organization, individualization, and concrete goal-orientation, the State-Federal rehabilitation program has generally operated on the premise that it is dependent upon the availability of rehabilitation facilities, i.e., traditional resources (National Rehabilitation Association, 1969). This approach has worked best in urban areas where rehabilitation services are widely available. It has also worked well in rural demonstration projects when adequate resources were created. However, the existing community resource base is inadequate, or non-existent, in rural areas and will be for a long time to come, and is complicated by great distances between population centers which may have these resources. Yet, the purchase of services from established traditional rehabilitation resources often serves as the approach to service delivery in sparsely populated areas. Rural clients are often sent many miles for diagnostic, adjustment, training, and medical services. This utilization of traditional resources by rural counselors generally necessitates relocation of a client to an unfamiliar environment. Though relocation for services can be a very successful approach, particularly when it is strongly related to client goals and motivations, it very often leads to many more adjustment problems for the client than it helps to resolve. Most counselors concede that relocation results, many times, in frustration for both the counselor and the client, and clients tend to return home prior to completion of services. The problem of distance also causes rural client applicants to wait approximately twice as long as urban applicants for acceptance to the State program. In a study conducted by the University of Utah Regional Rehabilitation Research Institute, it was found that contact between counselor and rural client, and the resulting continuity of relationships, is adversely affected by geographic distance (Janzen, et. al., 1969).

Relocation for services and employment is a natural result of the employment orientation of the State-Federal rehabilitation program. Though the employment objective is one of the real strengths of the rehabilitation program in general, the widespread lack of rural job opportunities makes it a distinct weakness in sparsely populated areas.

Some rehabilitation agencies attempt to overcome the resource and distance obstacles imposed by sparsely populated areas through a greater emphasis on inter-agency coordination, alternate staffing patterns, and greater utilization of client and non-traditional community resources than is generally found in urban service delivery.

Inter-Agency Coordination

Many counselors successfully use the limited resources available within the clients geographic area for rehabilitation of the client. For example, the North Dakota Vocational Rehabilitation Agency places emphasis on coordination with other related agencies. The Minot (North Dakota) office participates with representatives from related agencies in client planning sessions. The purpose of these weekly sessions is to discuss individual clients known by each of the agencies and to develop cooperative plans for serving them utilizing the resources available to each agency. In order to use existing resources and coordinate efforts with other agencies, the Minot office utilizes a specialized caseload approach. Each counselor has a special caseload (e.g., mentally ill, blind, deaf, etc.) and the same geographic territory. The counselors rotate their field work so that contact with existing resources and related agencies has continuity. The advantage of this approach is that it enables at least one rehabilitation counselor to be in the field at all times, each capable of providing services to other clients. Another example of cooperation between agencies is a collaborative Welfare-VR project in Montana. This project provides intensive services to rural welfare clients who can benefit from vocational rehabilitation services with a client-staff ratio of 12:1. Both agencies staff the project and all referrals are welfare recipients.

The use of mobile units has been explored as an aid in coordinating agency efforts and eliminating the relocation problems imposed by great distances. The Oklahoma Rehabilitation Service (1964) conducted a demonstration project utilizing a mobile evaluation team and found that the use of a mobile unit was a real asset in coordinating services to clients. Utilizing staff from various disciplines and various agencies they were able to provide a very careful evaluation of the needs of the clients and the role of the various agencies in meeting these needs. They also found that mobile units provide staff the opportunity to become acquainted with the clients' community environment. The Cincinnati Goodwill Industries (1961) conducted a slightly different mobile service approach to serve rural areas in three states (Kentucky, Ohio, and Indiana). Medical, psychological, social and employment services were provided on a short-term basis for handicapped persons in their own environment by a traveling team from an urban central facility. The team consisted, at various times, of a

physicians, physical therapist, occupational therapist, psychologist, social workers, nurse, chaplain, and work evaluation personnel. The central facility and five branch offices in the three states were utilized as satellite centers for the delivery of services. In some cases the services were provided entirely in the client's local community. The project found this mobile approach improved communications and cooperation between agencies, and provided many more appropriate referrals for service.

Alternate Staffing Patterns

The specialized caseload approach in North Dakota has been cited as one alternative to service delivery problems in sparsely populated areas. Varying use of counselor aides is another approach which has been tried to overcome the problem of distance and the resulting inefficient use of counselor time. The purpose of the aide generally is to provide more opportunity for the counselor to be service oriented by reducing his involvement in sub-professional activity. In Wyoming, the aide provides outreach and follow-up services in a geographic area that might logically be a sub-district office. In this way, the distance that counselors have to travel is minimized. The Wyoming aides are usually middle-class women who work part-time. On the other hand, the Utah counselor aide works full-time and is indigenous to a minority or disability group. The Utah aide serves primarily as a communication liaison between the agency and client. Montana also uses indigenous aides in its cooperative Welfare-VR project. However, these aides provide a wider range of case services including counseling. North Dakota, on the other hand, uses counselor aides to relieve counselors of most intake services, e.g., applicant interviews, obtaining medical information, psychological evaluations, etc.

Client and Community Resources

As alternatives to traditional rehabilitation services, many rural counselors place greater stress on utilization of client resources and other resources within the client's community. Puth (1969) has suggested that abilities and disabilities are contextually relative and are a function of a dynamic relationship between the individual and his environment. The West Virginia Rehabilitation Research and Training Center (1970) operates on the hypothesis that rehabilitation potential can only be considered as a combination of two elements - client and environment.

The goal of the rehabilitation counselor is, or should be, to help an individual to increase his ability to respond, integratively and adaptively, to situations in his environment. This requires helping the rehabilitation client to understand his needs, values, perceptions, and resources and to achieve awareness of the expectations of the environments in which he functions. It would seem that the counselor should help the client to establish goals, evaluate alternative approaches, and manipulate the environment for learning with considerable emphasis on client decision-making. Because goals continually change, or must remain ready to change as development takes place, the process must be very flexible. These goals, immediate and

short-range, should realistically relate to a life continuum encompassing the "whole" individual during his potential life span.

Assuming this, it would seem that virtually any type of environment, situation, or test is a potential rehabilitation resource, but it requires a skilled counselor to identify the right resource at the right time.

Maximum utilization of client resources (i.e., motivation, needs, and knowledge) and the client's environment (i.e., family, friends, and other resources within the client's community, e.g., physicians, employers, and other agencies), for adaptation and development of client functioning seems mandatory in rural areas where traditional rehabilitation services are lacking. Some projects (Jewish Employment and Vocational Service, 1967; Worley, 1967) and rural counselors, are increasingly using employer environments for evaluation, adjustment and specific job training. Employer environments as a resource have many advantages. They can be helpful to the counselor in providing: (a) a direct, concrete experience and a realistic basis for evaluation; (b) a functional appraisal of behavioral dynamics on the job by both the counselor and the employer; and (c) an immediate perception of client likes and dislikes, capabilities and limitations (Jewish Employment and Vocational Service, 1967). In addition, employer environments are especially valuable for work adjustment training because clients can work with normal associates, can experience job changes, various production demands, and different supervisory styles. As a specific job training resource, employer environments also have assets not possessed by most trade schools or rehabilitation agencies. Employers have a reality environment, occupations in which all aspects of a job can be learned rather than simulated, modern work methods and equipment and, often times, materials, devices, and facilities, in addition to performance standards (Bolanovich, 1969; Rasmussen, 1970).

Development of community resources and the education of community businessmen is also important to job development and placement (Faubert, 1970). Using community resources, particularly employers, for evaluation, adjustment, and specific job training can contribute toward job opportunities for rehabilitation clients, though it would be unrealistic to expect this approach to resolve the immense need for job opportunities in sparsely populated areas. Extensive community involvement by the rural counselor will, however, result in improved public awareness and interest in rehabilitation, and referrals to the State Agency as demonstrated in the Cincinnati Goodwill project (Goodwill Industries, 1961). Of course, specialized services, e.g., physical restoration and other medical services, must continue to be obtained where available in the absence of needed and suitable substitutes in sparsely populated areas.

Conclusion

There are, then, some viable approaches to rural rehabilitation service delivery. However, most approaches are limited by the assumption that the rehabilitation program is dependent upon the availability of

traditional resources and employment outcome.

It would appear that rehabilitation for individuals, especially in rural areas, demands a service system emphasis on "total life" functioning of clients rather than simply sustained employment.

If "rehabilitation" is to be truly an objective and service delivery is intended to meet the needs of people, then a total systemic approach is required (Bloedorn, et. al., 1970). Present systems, e.g., vocational rehabilitation, public welfare, employment security, etc., represent fragmented approaches to services for people. Indeed, the Statewide Planning reports for Vocational Rehabilitation reflect considerable need for coordination between related systems. In Region VIII (DHEW), a sparsely populated region, the Statewide Planning report recommendations suggest it is the most pressing need.

The need for a total approach to serving human needs is also recognized by other systems. The American Public Welfare Association (Bloedorn, et. al., 1970) recently completed a project relative to welfare service delivery. They proposed to redesign the current system and emphasize a goal-oriented, total service-need program for a given target population which is, in many respects, similar to the current rehabilitation system. The Center for the Study of Welfare Policy at the University of Chicago is also working on a project to develop an integrated social service delivery system.

The Governors of both New York and California are proposing work-oriented State Welfare programs. They suggest that a major weakness of the present welfare system is that it has no goal. Rehabilitation, on the other hand, does have a goal and possesses the potential for providing many door-opening supporting resources that enable individuals to benefit from other systems. Rehabilitation is limited, however, by the employability and employment criteria which restricts the flexibility of the system and presents obstacles to achieving total rehabilitation for individuals. The welfare and rehabilitation systems seem to be seeking common goals but from different referents. What appears to be necessary is a combining of social service systems, rather than a reorganization of the administrative structure of present agencies currently being done in many States to achieve better coordination between systems. Reorganization, however, may be a very positive first step toward development of a new total system which combines resources to capitalize on the individual strengths of each. It is important to emphasize that it is an honest attempt to develop a total system which genuinely benefits clients that is suggested here, and not the emergence of any one present system over another. For one system to be politically perpetuated would potentially destroy the assets of each.

The current trend in social service toward viewing people as total individuals, and delivery systems from a total systemic view offers future clients hope for "total rehabilitation" as an outcome.

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